Child Abuse & Neglect Evaluation Program (CANEP)

Administrative Office of the Courts
Family Division
171 State House Station
Augusta, ME 04333-0171

Guide to CANEP Referral Questions

By Sue Righthand, Ph.D.
Clinical Consultant

August 2010

Introduction:

Appropriately trained mental health professionals can provide substantive information that may assist fact finders and assist in dispositional determinations in child protection cases. Mental health professionals, however, have no special expertise in determining whether abuse has occurred in the first place, although some may have specialized training in forensic interviewing and may assist fact finders in this investigative stage of child protection proceedings. Mental health professionals also have no expertise in predicting whether child maltreatment will reoccur. Some of these professionals have skills and expertise in identifying risk and protective factors related to maltreatment and providing relevant information in the dispositional phases of child protection proceedings concerning such factors, appropriate treatment plans, and treatment responsivity. Finally, mental health professionals also have no special expertise in determining how much risk society is willing to tolerate when separating children from parents who have been abusive in the past or when to reunify them. Although mental health professionals do not have expertise that enable them to address such ultimate issues, professionals with expertise in the specialized field of child protection and maltreatment clinical assessments can provide valuable information that may assist those responsible for such determinations.

Types of CANEP Evaluations:

CANEP can provide three types of forensic evaluations. Assessments of Parents or other Caregivers focus on the individuals' ability to parent their child(ren) safely and provide recommendations that may enhance child welfare. Evaluators may conduct parent child observations as part of these assessments. Child evaluations will include assessments of a child's developmental and special needs, if indicated; psychological or behavioral challenges; and recommendations pertaining to the best interests of the child. Lastly, family evaluations will include specified individual family members and discuss the nature of parent-child relationships, the relationships between family members, and

family functioning as a system as well as relevant recommendations that may enhance child safety and welfare.

Referral questions guide clinical evaluations. Specific and clearly focused referral questions help evaluators concentrate on relevant issues and contribute to useful, quality reports. Referral questions can be very narrow and precise. For example, a specific referral questions is: Is this parent able to provide this child with medications, as prescribed, for a chronic, life-threatening illness?

In contrast, some referral questions are broader in scope. For example, questions regarding a convicted sex offender who has been released from prison may include questions about what risk factors increase the risk of an individual sexually abusing a child in the home, and what factors may reduce this risk, treatment efficacy, additional treatment needs, and so forth.

Mental health professionals who are appropriately trained in issues related to child maltreatment and risk assessment can provide substantive information that may assist fact finders and assist in dispositional determinations. However, **mental health professionals have no special expertise in determining whether abuse has occurred in the first place.**

In child protection cases, parents sometimes are referred for **parenting capacity evaluations**. This referral language assumes that the term "parenting capacity evaluation" references an accepted, well-defined type of evaluation that has utility in child protective cases. A request for a "parenting capacity evaluation," however, is not a referral question. For example, it does not ask the evaluator whether the parent has the capacity to identify safety concerns in the home, to protect the child from known sexual perpetrators, or to parent without abusing or neglecting the child.

Similarly, requests for **substance abuse evaluations** also are problematic. Questions regarding substance abuse involve issues quite similar to those present in risk assessment cases. Mental health professionals cannot determine the presence of a substance abuse problem absent accurate self-report and collateral source information. In fact, the best evidence of a substance abuse problem is positive drug test results and credible eye witness reports.

Clinical evaluations in child protection cases will be most useful when referral questions include queries such as: What factors increase or reduce the risk of substance abusing child maltreatment behaviors? What can be done to reduce risk? What has been the impact of the maltreatment on the child? What can be done to reduce the impact of child maltreatment and facilitate healthy child development?

Because clinical assessments are needed to guide effective interventions, often intake evaluations by treatment providers are all that is needed. Other times a mental health professional with expertise in a particular area may be best to provide valuable

information. For example, if a parent appears to have developmental disabilities that are affecting parenting or progress in treatment, and prior assessments are unavailable, a clinical evaluation of the parent's disabilities and recommendations concerning how to address these challenges in treatment may be facilitate effective interventions.

The Child Abuse and Neglect Evaluation Program (CANEP) is designed to provide forensic clinical evaluations in especially complex child protection cases only. Because CANEP evaluations involve assessments where child maltreatment is an issue, they are only appropriate when the Court has made a finding of jeopardy.

Cases appropriate for CANEP referrals include those involving multiple failed treatments or unsuccessful trial placements, as well as ones where there are significant disagreements between counsels for the State and parent or guardian regarding appropriate case plans. Regarding children; CANEP evaluations are appropriate when there has been prolonged or multiple out of home placements and unsuccessful stays at residential treatment or when an independent, objective evaluation is indicated to assess what interventions are in the best interest of a child such as when counsel, guardians, and therapists disagree.

Referral questions for Child Abuse and Neglect Evaluator Program (CANEP) evaluators are determined by the parties in a particular case, i.e., the state attorney representing the Department of Health and Human Services (DHHS), the parent or parents' attorney or attorneys, and the guardian *ad litem* or Court Appointed Special Advocate (CASA). Referral questions are case specific and depend on the stage of the proceedings as well as the current problems present in the case. Once the parties agree on the referral question or questions, the judge will review, approve, change or add to the initial referral questions and the questions are written into the court order. The CANEP Coordinator will use the referral question or questions to select an appropriate evaluator and the evaluator will use the question or questions to guide his or her evaluation for the court. **DHHS caseworkers do not provide referral questions directly to the evaluator and no additional referral questions may be added after the CANEP order is signed. Such efforts are *ex parte* communications and are unacceptable.**

In order to assist the parties in drafting clear, practical, and appropriate referral questions, the following examples are provided. The examples do not include all potential referral questions, but serve to illustrate possible scenarios and relevant questions. The sample questions are divided by type of evaluations, e.g., parent, child, and family.

Assessments of Parents or Other Caregivers:

- **Court findings reveal a history of sexual abuse (physical abuse, and/or neglect) and find Jeopardy. The parent participated in services initially, but attendance has become sporadic.**

- What interferes with this parent's motivation to make changes in her life that can facilitate her children's safety and welfare protection? What are the barriers to treatment progress? How consistent is this motivation and how is it demonstrated? What, if anything, can be done to further increase her motivation, if needed?
- What factors increase, as well as decrease, the risk of ongoing maltreatment or additional incidents of abuse (or neglect).
- Are the current recommended services appropriate for addressing these risk factors and promoting protective factors.
- What factors reduce the risk of additional maltreatment (e.g., individual strengths, positive family or community supports)?
- What treatment approaches interventions may be more effective for further reducing the risk of maltreatment?
- Are there any treatment adaptations or approaches that may enhance this parent's response to treatment?
- Is this parent motivated to make changes in her life that can facilitate her children's safety and welfare? How consistent is this motivation and how is it demonstrated? What, if anything, can be done to further increase her motivation, if needed?
- What is the prognosis for this parent to make sufficient changes that could reduce the risk of further incidents of maltreatment, should the parent is be motivated to change?
- What additional supports may enhance this parent's ability to safely facilitate her children's healthy development?

➢ **This parent has a history of neglecting some of her children's basic physical and medical needs.** She treats her six year old daughter like a much older child by having her prepare meals and take care of her younger siblings, sometimes alone without parental supervision. She has completed parenting classes, but does not appear able to apply what she has learned in her and her children's daily lives.

- What interferes with this mother's ability to understand and apply what was covered in the parenting class and, at least, minimally provide for her children's basic medical and developmental needs?
- Are there other interventions or approaches that may be more effective than what has already been tried?
- If the parent is positively motivated to make necessary changes, how long is it likely to take for the parent to make these changes once services are available?
- What additional supports may enhance this parent's ability to safely facilitate her children's healthy development?

➢ **This mother has a history of relationships with men who have been convicted of sex offenses and/or who have physically abused her and her children, two of whom have special needs. She has been receiving services for over a year, is in a new intimate relationship. Her therapist believes that she is ready and able to parent her four children.**

- Does this parent currently have the ability, functional skills, and necessary supports to meet the developmental and, when present, the special needs of her children?
- Has this mother identified and resolved those difficulties that previously interfered with her ability to safely parent and protect her children?
- Is this parent able to accurately perceive and discuss the maltreatment her children have experienced and can she identify the negative impact these experiences have or may have had on her children?
- Can she validate their maltreatment experiences in ways that help them understand they are not to blame for the maltreatment they suffered?

Assessments of Children:

- **Court findings reveal a history of sexual abuse (physical abuse, and/or neglect).**

  - How has this child's psychological and developmental well-being been affected by the maltreatment?
  - What treatment interventions are needed to resolve current difficulties, if any, and facilitate this child's healthy development?
  - If the child is placed out of the home, and the parent has made sufficient progress so that reunification may be possible; what would be the likely psychological effect on the child if he or she is returned home at this time? What can be done to facilitate this transition and minimize any negative effects?
  - If reunification is not possible at this time, what would be the psychological effects of ongoing separation from the parent or parents? What can be done to minimize and alleviate negative effects?
  - If the parent does not engage in services, or make progress in a timeframe consistent with this child's developmental needs, what would be the likely psychological effects on this child if parental rights were terminated?

- **This 9-year-old child has a history of neglect that resulted in out of home placement. Sexual abuse is suspected. She is demonstrating sexual behavior. She also appears to excessively seek her foster parent's attention and, at times, has become physically aggressive when her needs for attention have not been met. The foster family is concerned about the safety of the other children in the home and feels they are unable to meet this child's needs.**

  - What are this child's mental health difficulties?
  - How do they contribute to her behavior problems?
  - What are her developmental needs and special needs?
  - How can she learn to get her strong needs for attention met more appropriately?
  - What interventions are necessary to stop the sexual behavior problems and aggressive behaviors?
  - What interventions may facilitate a healthy developmental course?

- **This child has multiple diagnoses. He has been in many placements and treatment programs, yet he continues to engage in aggressive and disruptive behavior.**

  - What factor or factors interfere with this child's ability to progress in treatment?
  - What are his psychosociological strengths and challenges?
  - What factors increase as well as decrease the risk of continued aggressive and disruptive behavior?
  - What are the most appropriate diagnoses?
  - How are they treated?
  - What treatments and interventions may be most effective for helping this child reduce or eliminate his aggressive and disruptive behaviors and developing pro-social attitudes and behaviors?
  - What family and other natural supports may assist him in treatment and in the community.

Assessments of Families:

- **This mother and father have a history of domestic violence and substance abuse.** They report that they never fight in front of the children. Police reports, however, indicate the children have been upstairs, in the home, when they have responded to domestic incidents; and the children were described as very frightened. The parents reported that they become physically aggressive with each other, but only when they are drinking. They report they have been sober for two months and are engaged in substance abuse treatment.

  The parents, their substance abuse therapist, and attorney opine that no additional treatment interventions are required. The children's guardian is concerned that the parents do not appreciate the impact the domestic violence has had on the children and will not support appropriate interventions once DHHS closes the case. The State's attorney asserts DHHS is concerned that factors other than substance abuse contribute to the domestic violence.

  - Have the effects or potential effects of exposure to domestic violence negatively affected or traumatized the children?
  - If so, what treatment interventions could benefit the children?
  - Are the parents aware of these negative effects or the possible effects associated with exposure to domestic violence and adult substance abuse, and are they concerned about them? If so, how can they help reduce these actual or potential negative effects?
  - In addition to substance abuse, what factors increase/decrease the risk of these individuals engaging in partner abuse? What can be done to further reduce the risk of partner violence?
  - What factors increase/decrease the risk of these individuals engaging in substance abuse? Does their current substance abuse treatment program appear able to meet

their treatment needs? What can be done to further reduce the risk of substance abuse?

- **This child has lived in this foster home for 18 months of his two years. His mother did not visit him consistently until the past 6 months. During visits, the child responds to the mother's overtures and plays with her. He does not, however, appear distressed at the end of the visit and clearly is happy and excited upon reuniting with his foster mother, who would like to adopt this child. His mother has completed recommended services and would like to be reunified with her child.**

  - What is the nature and quality of this child's relationships with his current and previous caregivers? What is the nature and strength of this child attachment to his parent and current caregivers?
  - What would be the likely short-term and long-term effects of terminating this child's relationship with his foster family and returning him to his biological mother?
  - What would be the likely short-term and long-term effects of terminating this child's relationship with his biological family and having his foster family adopt him?
  - If the plan is for the boy to be reunited with his birth mother, what interventions may facilitate this transition and minimize the potential negative effects that may result from being separated from his foster family.
  - If the boy is reunited with his birth mother, what is his mother's ability to understand and appreciate his attachment to his foster mother and foster family, and help her son appropriately effectively grieve the loss of this family?

Examples of problematic referral questions:

- **Mr. X's three year old child reported to her mother that her father hurt her "pee pee." There have been no legal findings that Mr. X has sexually abused anyone; he adamantly denies sexually offending.**

  Problematic referral questions:
  - Is Mr. X a sex offender?
  - What is the likelihood that Mr. X will sexually abuse his five year old son?
  - Does Mr. X need sex offender treatment?

- **School reports to DHHS allege that Tommy and Judy repeatedly show up for school dirty, hungry, and tired.** On an unannounced home visit, DHHS workers found the children's home extremely cluttered with safety hazards including a broken and open second story window with no screen, animal feces, rotten food, and soiled diapers scattered around the home. Empty beer cans were plentiful.

  Problematic referral questions:
  - Parenting Capacity. (Capacity for what?)

- Does Mr. Y and Mrs. Y have a substance abuse problem?

Investigations, not psychological evaluations, are necessary to begin to answer these important questions.

References and Resources

Committee on Professional Practice Standards: APA Board of Professional Affairs (1998). Guidelines for psychological evaluations in child protective matters. *American Psychologist, 54*(8), 586-593.

Condie, L. O. (2003). *Parenting evaluations for the court: Care and protection matters*. New York: Kluwer Academic/Plenum Publishing.

Mosher, K. & Righthand, S. (1995) Recommendations for mental health and risk assessment. In: *Report of Maine's Multidisciplinary Review Panel on Child Deaths and Serious Injuries Due to Abuse or Neglect*, pp.37-40. Augusta, Maine.

Righthand, S. (June, 2002). Presentation: Child Abuse and Neglect Evaluators Project Needs Assessment. Newry, Maine.

Righthand, S. & Mosher, K. (1995) Possible mental health referral questions in child protective cases. In: *Report of Maine's Multidisciplinary Review Panel on Child Deaths and Serious Injuries Due to Abuse or Neglect*, pp.34-36. Augusta, Maine.

Righthand, S., Kerr, B. & Drach, K. (2003). *Child maltreatment risk assessments: An evaluation guide*. New York: The Haworth Maltreatment and Trauma Press.